Under the Pa	perwork Reduction Act of	f 1995, no persons are required to respon	Patent and of to a collection of i	Approved for Trademark Office: Information unless	use through 9/30/00. OMB 0651-003 U.S. DEPARTMENT OF COMMERCE it displays a valid OMB control number			
10V 0 2 2003		Application Number	10/554,592					
ETACE TEANSMITTAL		Confirmation Number		-				
		Filing Date	with an effective filing date of March 26, 2004					
FORM		First Named Inventor	Stephen Michael KUESTER					
(to be used for all corresponde	nce after initial filing)	Group Art Unit 3636			•			
		Examiner Name	Milton NELSON Jr. Fax: (571) 273-8300					
Total No. of Pages in this Sul	bmission:10	Attorney Docket Number	Attorney Docket Number COLGRA P60AUS					
ENCLOSURES (check all that apply)								
■ Fee Transmittal Form (in Duplicate)	[1]	☐ Assignment papers (for an Application)	0	□ After Allowance Communication to Group				
■ Fee attached - Ch	eck \$555.00	☐ Drawing(s)Annotated Sh Replacement Sh	neet(s) []	☐ Appeal (Communication to Board			
■ Amendment/Response	[5]	□ Licensing-related Papers	• • •		communication to Group			
☐ After Final		☐ Petition Routing Slip (PTO	_	(Appeal Notice, Brief, Reply Brief)				
☐ Affidavits/decl	laration(s)	and Accompanying Petition (DELETED - no long	า	☐ Proprieta	ry Information			
Extension of Time Request [1] (in Duplicate)		☐ To Convert a Provisional F	·		etter[]			
☐ Express Abandonment	Request	□ Power of Attorney, Revoca Change of Correspondence	ation		lentify below):			
☐ Information Disclosure Stmt		☐ Terminal Disclaimer	_	POSTCARD)			
☐ Certified Copy of Priority		□ Small Entity Statement						
☐ Response to Missing Part/s Incomplete Application		☐ Request for Refund	0					
□ Response to N under 37 CFR	Missing Parts 1.52 or 1.53							
REMARKS								
	SIGNA	ATURE OF APPLICANT, ATTO	RNEY, OR AGE	ENT				
Firm or Individual Name	d D, P.L.L.C.			Reg. No. 32,018 CUSTOMER NO. 020210				
Signature	Jula Jane							
Date	Date October 28, 2009							
		CERTIFICATE OF MAIL	LING		-			
I hereby certify that this comail in an envelope addre	orrespondence is bo ssed to: Commissi	eing deposited with the United Sioner for Patents, P. O. Box 145	States Postal S 0, Alexandria,	ervice with sut VA 22313-145	fficient postage as first class 0 on <u>October 28, 2009</u>			
Signature		4 Coul A Seath		Date: Oct	oher 28, 2009 (amp)			

PTO/SB/17 (10-07)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Application No. Filing Date

10/554,592 with an effective filing date of

Complete if Known

NOV 0 2 2009 W FEE TRANSMITTAL

For FY 2008 Applicant fams small entity status. See 37 CFR 1.27					First Named Invel Examiner Name Art Unit	ntor	March 26, 20 Stephen Micl Milton NELS 3636	nael KUESTER
TOTAL AMOUNT OF PAYMENT: \$550.00					Attorney Docket	lo.	COLGRA P6	0AUS
METHOD OF PAYMENT (check all that apply)								
■ Check	☐ Credit Card ☐Money Orde	er 🗅 None 🗅 (Other (please ide	entify):				
	■ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C							
For the al	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee								
	■ Charge any additional feet		ments of fee(s)	■ Credit	any overpayments			·
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.								
FEE CAL	CULATION							
1.	BASIC FILING, SEARCH, AN							
	Analination To		all Entity	SEARCH	Small Entity		FION FEES Small Entity	
	Application Type		ee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (4)	Fees Paid (\$)
	Utility	330 165		540 100	270		110	
	Design	220 110 220 110		100 330	50 165	140 170	70 85	
	Plant Reissue	330 165		540	165 270		825	
-	Provisional	220 110	•	0	0	000 3	0 .	
2.	EXCESS CLAIM FEES	220 110	•	J	•	U	Small En	tity
	Fee Description Each claim over 20 (including	n Reissues)				Fee (\$) 52	Fee (\$) 26	
	Each independent claim over	-	eissues)			220	110	
	Multiple dependent claims	- /	 ,			390	195	
	Total Claims -20 or HP =	Extra Claims	Fee (\$) × \$52/\$26	=	Fee Paid (\$)		Multiple Dependent Fee (\$)	Claims Fee Paid (\$)
	Indep. Claims -3 or HP +	Extra Claims	Fee (\$) \$220/\$	<u> 110</u> =	Fee Paid (\$)	-		
	HP = highest number of inde	pendent claims	paid for, if grea	ater than 3.				1
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
	Total Sheets -100 =	Extra Sheets 750 =			nal 50 or fraction th ole number) x	ereof \$270/\$13	Fee (\$)	<u>(\$)</u>
4.	OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Petition for Three Month Extension of term \$550.00								
SUBMIT	TED BY		7					
Signature	· Cum	Carl	175	De			Telephone (60	3) 226-7490
Name (Print/Ty	pe) Michael	J. Bujold			Registration No. (Atty/Agent) 32	,018	Date: October	28, 2009

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0302

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). MON 0 2 5003

Application No. Filing Date First Named Inventor **Examiner Name** Art Unit

10/554,592 with an effective filing date of March 26, 2004 Stephen Michael KUESTER Milton NELSON Jr.

Complete if Known

FEE TRANSMITTAL For FY 2008

Authorities strail entity status. See 37 CFR 1.27								3636			
TOTAL AMOUNT OF PAYMENT: \$550.00						Attorney Docket I	No.	COLGRA PE	COLGRA P60AUS		
METHOD OF PAYMENT (check all that apply)											
- 0	- D. Cradit Coad DM-										
	Concredit Card OMoney Ord			•	entify):						
•	•	Account N			-			S & BUJOLD, P.L.	L.C		
For the a	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
	☐ Charge fee(s) indicated below ☐ Charge fee(s) inc						e(s) indicated below, except for the filling fee				
	■ Charge any additional fee(s) or underpayments of fee(s) ■ Credit any overpayments under 37 CFR 1.16 and 1.17										
WARNIN card info	G: Information on this form or authorization communication and authorization communication communica	may becon PTO-20	ome publi 38.	ic. Credit	card info	rmation should no	t be include	d on the this form	. Provide credit		
FEE CAL	CULATION										
1.	1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
		FILING F	FEES		SEARCH	I FEES	EXAMINAT	TION FEES			
	Application Type	Fee (\$)	Small Er Fee (\$		Fee (\$)	Small Entity Fee (\$)		Small Entity Fee (4)	Fees Paid (\$)		
	Utility	330	165		540	270		110	1 cc3 1 ald (ψ/		
	Design	220	110		100	50	140	70			
	Plant	220	110		330	165	170	85			
	Reissue	330	165	,	540	270	650 3	325			
	Provisional	220	110		0	0	0	0			
2.	EXCESS CLAIM FEES Fee Description Each claim over 20 (including	g Reissues	;)				Fee (\$) 52	Small Ent Fee (\$) 26	tity		
Each independent claim over 3 (including Reissues)					220	110					
	Multiple dependent claims						390	195			
	Total Claims -20 or HP =	Extra Cla	nims x _	Fee (\$) \$52/\$26	=	Fee Paid (\$)	1	Multiple Dependent Fee (\$)	<u>Claims</u> Fee Paid (\$)		
	Indep. Claims -3 or HP +	Extra Cla	<u>ims</u> x	Fee (\$) \$220/\$1	<u> 110</u> =	Fee Paid (\$)	-				
	HP = highest number of inde	pendent cl	aims paid	for, if grea	iter than 3.						
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	<u>Total Sheets</u> -100 =	Extra Sh. 750 =	eets			nal 50 or fraction the ole number) x	ereof <u>F</u> _\$270/\$13	Fee (\$) Fee Paid =	<u>(\$)</u>		
4.	OTHER FEE(S)								Fees Paid (\$)		
	Non-English Specification,	\$130 fee	(no small	entity disc	ount)						
Other (e.g., late filing surcharge): Petition for Three Month Extension of term \$550.00							\$550.00				
SUBMIT	TED BY					_					
Signature	· Cun	Carl		75	De	7		Telephone (60	3) 226-7490		
Name (Print/Type) Michael J. Bujold				Registration No. (Atty/Agent) 32	,018	Date: October	Date: October 28, 2009				
			_								